

Rising Hope Farms

Photo Release form

Name _____

Address _____

Telephone # _____ Email _____

Photo Release:

The undersigned hereby grant to *Rising Hope Farms* Therapeutic Riding program the permission to take or have taken still and moving photographs and films, including television pictures of myself during my volunteer or participant activities with the program and consents and authorizes *Rising Hope Farms* to use and reproduce the photographs, films, pictures, and to circulate and publicize the same by all means including, but not limited to, newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical materials.

With respect to the foregoing matters, no inducements or promises have been made to me to secure my signature to this release other than the intention of *Rising Hope Farms* Therapeutic Riding Program and its work.

Consent Signature: _____ Date _____